

PROPOSER AGENCY REFERENCES

(Not applicable for Right of First Selection agency responses)

Personal information you provide may be used for secondary purposes [(Privacy Law, s. 15.04(1)(m)].

Please print or type in all spaces except signature.

Agency Name	Contract Period
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Provide address, contact person, telephone number, and appropriate information of agencies or individuals that the department can contact for reference in regard to work performed related to services required. [Do not include subcontractors, or Department of Workforce Development employees]

Agency/Individual			
Contact Person		Title	
City		State	Zip Code
Telephone Number () -	Fax Number () -	E-Mail	
How did this reference gain knowledge of your agency?			

Agency/Individual			
Contact Person		Title	
City		State	Zip Code
Telephone Number () -	Fax Number () -	E-Mail	
How did this reference gain knowledge of your agency?			

Agency/Individual			
Contact Person		Title	
City		State	Zip Code
Telephone Number () -	Fax Number () -	E-Mail	
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Agency/Individual			
Contact Person		Title	
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Telephone Number () -	Fax Number () -	E-Mail	
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Agency/Individual			
Contact Person		Title	
City		State	Zip Code
Telephone Number () -	Fax Number () -	E-Mail	
How did this reference gain knowledge of your agency?			

Agency Director Name or Designee (If designee, attach Designee Authorization)	
Signature	Date of Signature